



PRESS RELEASE

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Last year saw the fewest operations cancelled through bed shortage in many years

- *New operating theatre initiatives on the way*
- *GSD use of statistics is questionable*

The Opposition either does not know how to interpret statistics or fails to understand the complexities of health care. Their recent statement on the hospital waiting lists is a play on figures, which is of little substance and irresponsible in its intent.

The GSD have chosen the first few months of the year, which are always the ones with most cancellations due to the winter surge in illnesses. This is well known worldwide. What the figures that they have used fail to state is that 2012 was the year with the fewest cancellations of operations due to bed availability since the hospital moved to its new site. There were 48 operations cancelled due to bed shortage in 2012 as compared with 81 in 2009, 118 in 2010 and 114 in 2011, with 2012 showing the lowest number of cancellations due to bed shortage as a percentage of all cancellations than any year since 2006 (13% cancelled as opposed for example to 19% in 2009, 25% in 2010 and 32% in 2011 – that is one third of all operations were cancelled in 2011).

It is important therefore to judge a year as a whole and not conveniently manipulate statistics by choosing a few months.

The Hon Neil Costa's comment when in Opposition, quoted by the GSD that "For as long as any operation is cancelled due to a bed shortage ... it is not acceptable" holds true today. But there is one very large difference. It was the view of the GSD Government that this was inevitable, and nothing was done to address the underlying problems. To the GSLP/Liberal Government this is totally unacceptable, as stated by the Minister for Health the Hon Dr John Cortes in Parliament last week, and the underlying problems are actively being addressed.

Some of the problems that have led in past years to bed saturation and inefficient use of theatres has been due to demotivation of clinical staff through lack of involvement by past senior management and the absence of political will and interest to tackle the real issues. Thus, for example, vacant theatre sessions were not being filled, one theatre was not usable, there were regular empty slots in every theatre, there was no active management of operation lists. All of these issues are now being tackled, with involvement from re-invigorated surgical, nursing and administrative staff, and the efficiency of the theatres will be greatly increased.

This has already included the enlargement of Theatre Three which was never fit for purpose and will shortly be commissioned, an analysis of the use of theatre space and time, a review of waiting lists, and a new day surgery initiative that is in progress. Nothing like this had happened before now.

Clearly these things take time, but already significant progress is being made. The plastic surgery initiative is one example. The waiting list inherited from the GSD had people who had been waiting there since 1998! This is not cosmetic surgery, but clinically indicated, to deal with significant conditions. This initiative will have resulted in 37 procedures being undertaken by the end of June. That is 37 in 6 months, compared to 20 procedures in the whole of 2011 and 25 in 2012 before the initiative commenced. This initiative has had effects on other hospital activity. It takes up beds, which will also have an impact on cancellations, but it will also have an impact on the length of waiting lists. The important thing of course is not how long the list is, but how long a patient has to wait. For example, operations are planned next month for patients waiting since 2000. Had it not been for the new Government initiative, they would have been waiting for years more.

As Dr Cortes clearly explained in Parliament, a waiting list does not reflect how many operations take place, but is a balance between people being operated and new people being added on the list. For example, because of the increased visits by plastic surgeons, there have also been more clinics, which has led to more patients being seen and identified as needing treatment and being added to the list. Therefore, only 8 patients were added to that list in 2011, 33 in 2012 and no fewer than 40 so far in 2013! Therefore, even though there have been many more operations, there are also more patients on the list.

Add to that the fact that last year a third General Surgeon was employed as well as a new Orthopaedic Surgeon, you would expect there to be more people added as more conditions are identified. This is positive. Better to be on a list with a condition identified than not on a list and you don't know you need an operation.

To prove this, there were more operations carried out in 2012 than in any year since 2009. The average between 2006 and 2011 was 2963 operations. There were 3015 in 2012.

All this is without the opening yet of additional facilities for the elderly, which will come on stream in the coming year, continuing support for domiciliary care and without the initiatives that are currently being planned.

The Gibraltar Health Service is preparing itself for making tremendous strides in how it runs its surgery. The Opposition, in trying to grab a few out of context statistics in order to make cheap political points, has exposed its lack of understanding of the health service, re-exposed the weaknesses of the past, and laid itself open to great embarrassment when the process is complete.